

4225

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index - - - No. <u>135</u>	
1. County <u>Graham</u>	District <u>Thatcher</u>	County Registrar's - No. <u>20</u>	
Town or city <u>Thatcher</u>	No. <u> </u>	Local Registrar's - No. <u>20</u>	
(If death occurred in a hospital or institution, give its NAME instead of street number)		St. <u> </u> Ward <u> </u>	
2. FULL NAME <u>Touman Troyan</u>			
(a) Residence. No. <u> </u>		St. <u> </u> Ward <u> </u>	
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred <u> </u> yrs. <u> </u> mos.		da. How long in U. S. if of foreign birth? yrs. mos. da.	
PERSONAL AND STATISTICAL PARTICULARS			
2. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Married</u>	
5a. If married, widowed, or divorced			
HUSBAND of <u>Martha J. Troyan</u>			
(or) WIFE of <u>Martha J. Troyan</u>			
6. DATE OF BIRTH (month, day and year) <u>5/12-1852</u>			
7. AGE	Years <u>73</u>	Months <u>10</u>	Days <u>19</u>
	IF LESS than 1 day hrs. or — min.		
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>Farmer</u>			
(b) General nature of industry, business or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTH PLACE (city or town) <u>Utah</u>			
(State or Country)			
10. NAME OF FATHER <u>Touman Troyan</u>			
11. BIRTHPLACE OF FATHER <u>France</u>			
(State or country) (city or town)			
12. MAIDEN NAME OF MOTHER <u>Rebecca Conley</u>			
13. BIRTHPLACE OF MOTHER <u>do not know</u>			
(State or country) (city or town)			
14. Informant <u>Martha J. Troyan</u>			
(Address) <u>Thatcher</u>			
15. Filed <u>April 5-1926</u>			
J. V. Stratton M.D. Local Registrar.			
V. S. No. 1			
County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>5/20-1926</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>3/1-1926</u>			
19. to <u>5/20-1926</u>			
that I last saw him alive on <u>3/20-1926</u>			
and that death occurred, on the date stated above, at <u>9-15 PM</u>			
The CAUSE OF DEATH* was as follows:			
<u>Arterio Sclerosis</u>			
(duration) — yrs. — mos. — ds.			
CONTRIBUTORY <u>no</u>			
(duration) — yrs. — mos. — ds.			
18. Where was disease contracted if not at place of death? <u>Arizona</u>			
Had an operation precede death? <u>no</u> date of <u> </u>			
Was there an autopsy? <u>no</u>			
What test confirmed diagnosis? <u>Arterio Sclerosis</u>			
Signed <u>M. E. Platt</u> M. D.			
3/11 1926 (Address) <u>Thatcher</u>			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicide. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR		DATE OF BURIAL	
1. MOVAL <u>Thatcher Eden</u>		<u>3/22 1926</u>	
20. UNDERTAKER		ADDRESS	
<u>Marion Thatcher</u>		<u>Eden</u>	